

BUDGET SUMMARY - DSS FUNDS AND MATCH FUNDS

Attachment E, page 1

GRANT PERIOD: FROM ____/____/____ TO ____/____/____ GRANTEE NAME: _____

BUDGET CATEGORY	JUSTIFICATION (How costs were determined)	TOTAL DSS REQUEST	TOTAL MATCH AMOUNT
SALARIES			
EMP. BENEFITS			
POSTAGE			
RENT & UTILITIES			
EQUIPMENT			
PRINTING			
CONSUMABLE SUPPLIES			
TRAVEL			
OTHER (Specify)			
OTHER (Specify)			
OTHER (Specify)			
OTHER (Specify)			
TOTAL REQUESTED FROM DSS			

* Awarded funds cannot be used to supplant existing funds.

ITEMIZED BUDGET - SALARIES AND EMPLOYEE BENEFITS

Attachment E, page 2

FROM ____/____/____ TO ____/____/____ GRANTEE NAME: _____

SALARIES	HOURS PER WEEK	% OF TIME ON PROJECT	ANNUAL SALARY	AMOUNT REQUESTED FROM DSS
STAFF POSITION				
1.				
2.				
3.				
4.				
5.				
6.				
TOTAL SALARIES REQUESTED FROM DSS	-----	-----	-----	

EMPLOYEE BENEFITS

NAME OF BENEFIT	STAFF POSITION (# ABOVE)	% OR RATE	ANNUAL COST	AMOUNT REQUESTED FROM DSS
FICA				
PENSION/RETIREMENT				
HEALTH INSURANCE				
WORKER'S COMPENSATION				
UNEMPLOYMENT				
OTHER (SPECIFY)				
TOTAL EMPLOYEE BENEFITS REQUESTED FROM DSS	-----	-----	-----	

ITEMIZED BUDGET - OTHER PROPOSED EXPENSES

Attachment E, page 3

GRANT PERIOD: FROM ____/____/____ TO ____/____/____

GRANTEE NAME: _____

LINE ITEM	JUSTIFICATION (How costs were determined)	PROPOSED DSS FUNDS
<i>POSTAGE TOTAL</i>		
Administrative		
Program		
<i>RENT AND UTILITIES TOTAL</i>		
Rent		
Utilities		
Telephone		
<i>EQUIPMENT TOTAL</i>		
Equipment Purchase		
Equipment Rental		
<i>PRINTING TOTAL</i>		
Administrative		
Program		
<i>CONSUMABLE SUPPLIES TOTAL</i>		
Office		
Program		

(continued on Page 4)

ITEMIZED BUDGET - OTHER PROPOSED EXPENSES

Attachment E, page 4

GRANT PERIOD: FROM ____ / ____ / ____ TO ____ / ____ / ____ GRANTEE NAME: _____

LINE ITEM	JUSTIFICATION (How costs were determined)	PROPOSED DSS FUNDS
<i>TRAVEL TOTAL</i>		
Administrative		
Program		
<i>OTHER TOTAL</i>		
Insurance		
Professional Fees		
Client Fund		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		

TOTAL AMOUNT REQUESTED FROM DSS:

\$ _____

ITEMIZED BUDGET - MATCH DOCUMENTATION

Attachment E, page 5

GRANT PERIOD: FROM ____/____/____ to ____/____/____ GRANTEE NAME: _____

BUDGET CATEGORY	BRIEF DESCRIPTION	SOURCE	CASH	IN-KIND VALUE	TOTAL MATCH
Salaries					
Employee Benefits					
Postage					
Rent and Utilities					
Equipment					
Printing					
Consumable Supplies					
Travel					
Other (Specify)					
Total Amounts Supplied by Match					

